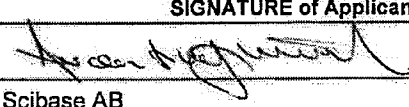


<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/682,372-Conf. #6095
	Filing Date	October 10, 2003
	First Named Inventor	Stig OLLMAR
	Art Unit	3735
	Examiner Name	N. NATNITHITHADHA
	Attorney Docket Number	0104-0777PUS1

I hereby revoke all previous powers of attorney given in the above-identified application.	
<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint the practitioners associated with the Customer Number: <span style="border: 1px solid black; padding: 2px;">02292</span>	
<input checked="" type="checkbox"/> Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The address associated with Customer Number: <span style="border: 1px solid black; padding: 2px;">02292</span> <b>OR</b>	
<input type="checkbox"/> Firm or Individual Name	
Address	
City	
Country	State Zip
Telephone	Email
I am the: <input type="checkbox"/> Applicant/Inventor, <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	
<b>SIGNATURE of Applicant or Assignee of Record</b>	
Signature	 ANDERS LUNDQVIST
Name	Scibase AB
Date	2009-12-18 Telephone +46 732 06 98 00
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	
<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.	